

Our Ref: DC/NB

5th May 2022

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To: Prescribing Clinicians and Pharmacists within the Barnsley locality

Dear Colleague

Re: Summary of Key Points from the Area Prescribing Committee Meeting on 13th April 2022

The main outcomes of the meetings were: -

Prescribing Guidelines

Patient Information Leaflet: Unlicensed and 'Off-label' medicines [UPDATED]

This patient information leaflet has been updated with minor amendments and can be accessed on the BEST website using the above link.

Patient Information Leaflet: Trial of stopping your overactive bladder drug [UPDATED]

This patient information leaflet has been updated to advise to stop the overactive bladder medicine as advised by the clinician for up to a maximum of 4 weeks. This is in line with the 'Treatment of Overactive Bladder in Women' guidance. The updated patient information leaflet can be accessed on the BEST website using the above link.

Wound Care

The Committee approved the following pathways which have been positively accepted by the Wound Care Advisory Group:

- **Pathway for treatment of sore enteral feeding stoma sites (NEW)**
- **Leg ulcer care for nurses (treatment algorithm and treatment pathway quick guide) (NEW)**
- **Leg ulcer self-care pathway [NEW]**

The pathways will be uploaded to the BEST website in due course.

Prescribing guidelines are available on the BEST website:

<http://best.barnsleyccg.nhs.uk/clinical-support/medicines/prescribing-guidelines/>

The Barnsley Joint Formulary can be accessed at the link below:

<http://www.barnsleyformulary.nhs.uk/>

Shared Care / Amber-G Guidelines

[Ganciclovir 0.15% Eye Gel Amber-G guideline \[UPDATED\]](#)

Although there is now a licensed aciclovir 3% eye ointment available this has a higher acquisition cost than ganciclovir eye gel. Ganciclovir 0.15% eye gel will remain amber-G and is the first line choice where appropriate. Aciclovir 3% eye ointment has been assigned a formulary grey classification (previously non-formulary) and should **only** be prescribed where ganciclovir 0.15% eye gel is not appropriate (e.g. for the treatment of herpes simplex keratitis in children under the age of 18 years as ganciclovir eye gel is not licensed for use in children).

The updated ganciclovir 0.15% eye gel amber-G guideline can be accessed on the BEST website using the above link.

Shared Care Guideline for Lithium Therapy [UPDATED]

This shared care guideline has been updated in line with the updated Amber Shared Care Guideline template and will be uploaded to the BEST website in due course.

Changes include:

- The addition of a proforma for patients discharged from the mental health service (included as an appendix), to be completed by the mental health team and sent to the GP where the patient is deemed clinically suitable for discharge.
- The addition of signs and symptoms of lithium toxicity, along with guidance on management of lithium toxicity.
- The addition of a reminder that lithium levels should be measured 12 hours post-dose.

Shared Care and Amber-G guidelines are available on the BEST website:

<http://best.barnsleyccg.nhs.uk/clinical-support/medicines/shared-care-guidelines/>.

Prescribers (including secondary care clinicians) are encouraged to report any problems they experience with shared care or other medicines related issues, particularly where guidelines are not being complied with, to the following email address: BarnsleyAPCReport@nhs.net.

The Barnsley Interface Issues Form should be used to report such problems:

<http://www.barnsleyccg.nhs.uk/members-professionals/area-prescribing-committee.htm>

Other

Morphine Injection

Morphine 10mg/1ml injection is the usual morphine injection strength prescribed in primary care. The 15mg/1ml strength is needed in secondary care and will continue to be used in the hospital **only**. The Barnsley Formulary will be amended accordingly.

Primary Care Medicines Optimisation Scheme QIPP areas involving specific brands or preparations 22/23

The Committee received a paper outlining proposed formulary changes to support the implementation of the primary care Medicines Optimisation Scheme (MOS) 2022-23 (currently in draft). The Committee endorsed the proposals summarised in the following table.

Traffic Light Classifications

The Committee assigned the following classifications to the products included in the table below:

Drug	Formulary Indication	Traffic light status (Drugs with a provisional classification are not currently included on the Barnsley formulary)
SPS New Medicines Newsletter February 2022		
Diphtheria + tetanus + pertussis + hepatitis B + poliomyelitis + Haemophilus influenzae type B vaccine (Vaxelis®) 1 dose in 0.5mL pre-filled syringe	Primary and booster vaccination in infants and toddlers aged ≥6 weeks, against diphtheria, tetanus, pertussis, hepatitis B, poliomyelitis and invasive diseases caused by Haemophilus influenzae type b	Formulary green. For use in line with national recommendations.
MOS QIPP areas 2022/23		
Traffic Light Classification changes		
Galzemic® XL (Galantamine) 8mg, 16mg and 24mg capsules and 20mg/5ml oral solution	Dementia of the Alzheimer type.	Formulary amber. The formulary brands of galantamine in Barnsley are Galzemic® XL and Gatalin® XL (previously Luventa® XL and Gatalin® XL).
Vagirux® 10microgram estradiol vaginal tablet	Treatment of vaginal atrophy due to oestrogen deficiency in postmenopausal women	Formulary green (previously non-formulary provisional green). In primary care it is more cost-effective to prescribe the 10 microgram estradiol vaginal tablet as the brand Vagirux®.
Prothiaden® 75mg tablets (Dosulepin)	Depression	Formulary grey (previously non-formulary grey). It is more cost-effective to prescribe dosulepin 75mg tablets as Prothiaden® 75mg tablets. The dosulepin position statement will be updated.
Mefenamic acid 250mg capsules and 500mg tablets	<ul style="list-style-type: none"> As an anti-inflammatory analgesic Primary dysmenorrhoea Menorrhagia 	Formulary grey (previously formulary green). If an NSAID is required for dysmenorrhoea or menorrhagia, consider the use of ibuprofen or naproxen which is first choice/alternative NSAID on the formulary rather than mefenamic acid which is increasingly expensive and has no evidence of superiority over other NSAIDs. There are also concerns that mefenamic acid is more likely to cause seizures in overdose, and it has a low therapeutic window which increases the risk of accidental overdose. NICE CKS Dysmenorrhoea: Scenario: Primary dysmenorrhoea Management Dysmenorrhoea CKS NICE. Note that only mefenamic acid is specifically licensed for menorrhagia. However the NICE CKS for menorrhagia lists naproxen and ibuprofen as treatment options for menorrhagia: Nonsteroidal anti-inflammatory drugs Prescribing information Menorrhagia CKS NICE.
MOS QIPP areas 2022/23		
The information in bold italic will be added to the formulary		

Ivabradine	Angina and heart failure	Formulary amber-G. <i>It is more cost effective to prescribe a 2.5mg dose as half a 5mg tablet.</i>
Naproxen	NSAID	Formulary green (second line NSAID, ibuprofen is first line choice). <i>Plain tablets are more cost effective than enteric coated tablets.</i>
Rizatriptan	Acute treatment of the headache phase of migraine attacks with or without aura in adults.	Non-formulary grey. <i>The orodispersible tablets are more cost effective than the oral lyophilisate (Maxalt Melt®) if rizatriptan is specifically indicated.</i> Sumatriptan remains the first line oral triptan, refer to the Barnsley Formulary for second and third line options.
Liothyronine	Hypothyroidism	Formulary red. <i>It is more cost effective to prescribe liothyronine capsules rather than tablets.</i> The position statement will be updated.
Alimemazine	Urticaria / Pruritus	Non-formulary provisional grey. <i>It is more cost effective to prescribe the liquid formulation as Alfresed®.</i> The position statement will be updated.

MHRA Drug Safety Update

The March 2022 MHRA Drug Safety Update can be accessed at the following link:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1060841/March-2022-DSU-PDF.pdf

Issues relating to primary care:

Amiodarone (Cordarone X®): reminder of risks of treatment and need for patient monitoring and supervision

Amiodarone has been associated with serious and potentially life-threatening side effects, particularly of the lung, liver, and thyroid gland. The MHRA remind healthcare professionals that patients should be supervised and reviewed regularly during treatment.

Lung problems may have slow onset but then progress rapidly. Computerised tomography scans may help to confirm a suspected diagnosis of pulmonary toxicity.

Advice for healthcare professionals:

- amiodarone can cause serious adverse reactions affecting the eyes, heart, lung, liver, thyroid gland, skin, and peripheral nervous system
- review regularly patients on long-term amiodarone treatment – some of these reactions may be life-threatening but onset can be delayed
- check liver and thyroid function before treatment, and at 6-monthly intervals; thyroid function should also be monitored for several months after discontinuation

- although routine lung imaging is not necessary in patients taking amiodarone long-term, make patients aware of the need to seek advice if they have new or worsening respiratory symptoms and consider using computerised tomography (CT) scans if pulmonary toxicity is suspected
- report suspected adverse drug reactions associated with amiodarone on a [Yellow Card](#)

Advice for healthcare professionals to give to patients and carers:

- amiodarone is used to treat serious heart conditions in which your heart beats unevenly or too fast
- always read the patient information leaflet provided with your medicines and follow the advice on other medicines to avoid and what to do if you have a side effect
- your doctor may perform tests of your blood, lungs, heartbeat, and eyes before and during treatment – it's important to have these tests because they can identify if there's a problem
- stop taking amiodarone and see a doctor or go to a hospital straight away if you experience any of the following during treatment or in the period after stopping amiodarone:
 - new or worsening shortness of breath or coughing that will not go away
 - yellowing of the skin or eyes (jaundice), feeling tired or sick, loss of appetite, stomach pain, or high temperature
 - weakness, weight loss or weight gain, heat or cold intolerance, hair thinning, sweating, changes in menstrual periods, swelling of the neck (goitre), nervousness, irritability, restlessness, or decreased concentration
 - your heartbeat becomes even more uneven or erratic, or becomes very slow
 - any loss of eyesight

Metformin in pregnancy: study shows no safety concerns

A large study has shown no safety issues of concern relating to the use of metformin during pregnancy. The licence for metformin now reflects that it can be considered for use during pregnancy and the periconceptional phase as an addition or an alternative to insulin, if clinically needed. This is consistent with current clinical guidance. For further information consult the full MHRA Drug Safety Update.

Regards



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Area Prescribing Committee Members (Secretary to the APC to circulate)
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